

# LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D., and LUNSFORD P. YANDELL, Jr., M. D.

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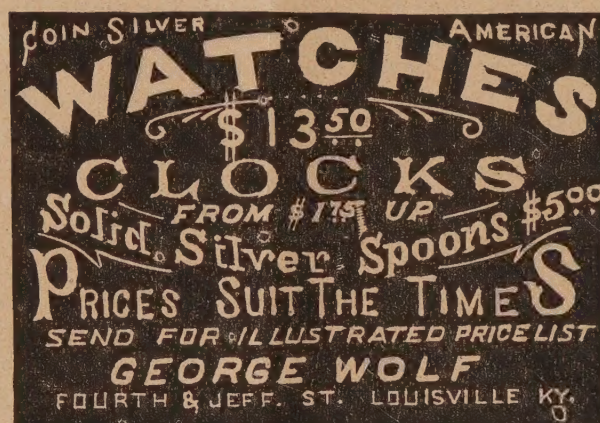
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Vol. V.

LOUISVILLE, FEBRUARY 2, 1878.

No. 5.

R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,  
EDITORS.

## PRACTICABLE SURGERY VS. ANTISEPTIC SURGERY.

We scarcely thought that we should have been brought so soon to discuss the antiseptic dressings of wounds, after our complaint that the surgical literature of the day was so crowded with the subject. Text-books have their chapters upon it; correspondents seize upon it, one after the other, as if the subject had never been touched; and commissions in number have investigated its merits. Nor does it meet us in our professional reading alone. Turn we awhile for relaxation in other fields of science, the inevitable *bacteria* are swarming there also.

Certainly Mr. Lister has made the most fortunate stroke of the century among surgical theorists. From the day, ten years or so ago, when his investigations in antiseptic dressings were commenced, until last year, when he dictated the terms of surrender to King's College Hospital, and, surrounded by his Scotch body-guard, marched triumphantly over the heads of the London surgeons to his new dominions, he steadily rose to a pinnacle which we believe few men before have occupied. Nor has he descended. The horizon which views him to-day is the civilized world.

It will ever be one of the strangest problems to determine how it was that he reached this eminence. It was not by any preternatural brilliancy of surgical talent; we mean, of course, as compared with other world-wide celebrities; certainly not by any

varied talents, for he preaches but one idea, and one, too, in which three fourths of the world either do not believe or can not act upon. Year in and year out, whenever he is heard from, he is still harping upon that, and naught is there but the manifold changes in the method of applying his idea to relieve the dreary monotony of the discourse.

Perhaps, like the man who threw in the shell against Aristides, we are tired of hearing the ceaseless praise of him and his; but certainly we do pray for a surcease of this intense Listerism and the proper measurement of his doctrines, that we may go on to something else.

It was our delight, therefore (and we have indeed been a long time coming to what we intended to say), to see a monograph\* upon the question of dressing wounds, written by a surgeon of very wide reputation, with an experience to back him not far in the rear of the great Scot himself, wherein the subject is treated in a calm and rational manner. It is refreshing indeed to follow an argument which respects so sincerely the evidence upon all sides of the question, and especially refreshing to ourselves, we must confess, as it leads to views so much in keeping with our own ideas of the right.

Dr. Bauer's remarks are confined to the dressing of stumps, and consequently, in the comparison of methods which he makes, does not, so far as Lister's method is concerned, cover the whole ground in dispute; nevertheless, the principles he enunciates are

\*On the Dressing of Stumps. Old Method—Lister's Antiseptic Plan—The Bordeaux Treatment of Stumps, Burow's Plan, Modified by the Author—Comparative Statistics. By Louis Bauer, M. D., M. R. C. S., Eng., etc. Reprinted from the St. Louis Clinical Record, November and December, 1877.



equally sound when applied to wounds of other characters. The monograph is interesting throughout, but we must content ourselves with reference to a few prominent points only. It opens with a resumé of the pathological changes which take place during the healing process, and deduces from them the method for the surgeon's action.

"He must not attempt interfering in the spontaneous action by which repair is effected. Masterly inactivity is obviously the best axiom in the premises. Surgery possesses no agent to accelerate that process; let the surgeon take heed not to disturb or to delay it. In taking surgical pathology as a guide, the duty of the attendant is discharged when he has securely ligated the bleeding vessels, completely arrested all sanguinolent oozing, carefully cleansed the wounded surfaces, brought the flaps together, sutured the margin of the wound with a view to impending swelling, placed the stump upon a softly-elastic bed of cotton, covered it over with a warm-water compress, and kept the air off by a piece of oiled silk.

"The surgeons of the past have not contented themselves with so simple a treatment, but they were excusable, since surgical pathology was to them a sealed book. But when the errors of our ancestors are perpetuated by surgeons of our time, by professors of, and authors on, surgery, it is indeed time to remind them of the fundamental principles ruling modern surgery."

He inveighs against adhesive strips and bandages, and concerning the drainage-tube takes the following view:

"To place drainage-tubes in the wound so as to carry off the matter from the bone-chamber seems to be a most commendable suggestion. The drain-tube is, however, a foreign body which, mechanically, and possibly chemically, must irritate the wound, rather increase suppuration, and delay cicatrization. If, therefore, the healing by first intention seems to be secured, the drain-tube will effectually prevent it. The trouble of a limited quantity of matter within the amputation wound is a mere trifle when compared with the effects of a drain-tube. For if the wound is not very tightly held together the matter will work itself out to the nearest place with but passing inconvenience; eventually a suture should be removed to facilitate its escape."

The deep sutures of Azam and Lister he deems "at least superfluous, but more likely injurious," from the restraint they offer to swelling; the catgut of Lister less injurious than the wire of Azam, from its early disso-

lution. He introduces the discussion of Lister's method in the following words:

"I have now to approach Lister's antiseptic treatment, as next in order, and feel somewhat diffident in placing my views on record, inasmuch as Lister's plan has been considerably received by surgeons, and more or less adopted in practice. Enthusiasm and fashion in surgery are, however, most dangerous pretenders to scientific credit, and should be met by cool reasoning, and careful, unbiased investigation. It is very likely that Lister's antiseptic method has been treated unfairly by both its friends and opponents—the one in expecting too much, and the other in refusing to acknowledge its actual merits. Lister's antiseptic dressing is set forth as a preventive of sepsis but not as a curative, and therein lies the misconception with many."

He gives from Girard's Report to the United States Surgeon-general the details of Lister's method, showing the thirteen points it exhibits in the present stage of its evolution (carbolic solutions, waters, oils, zinc chloride, spray, protector, gauze, McIntosh, catgut, salicylic-acid cotton, sponges, drainage-tubes, and antiseptic silk); presents evidence in its favor from the report of Schulze, a military staff-surgeon sent from Prussia to investigate its results, who went as an "arch skeptic" and returned a convert (he might have adduced also the similar evidence of our own accomplished Billings, and of very many others); and gives his own testimony as to the superiority of Lister's method in Lister's hands of treating open wounds. But while acknowledging this, he lays little stress on the carbolic acid and drainage-tubes, giving the credit rather to cleanliness and mechanical occlusion of the atmosphere, and against the practicality of the method presents the following strong indictment:

"Unfortunately his method is so circumstantial and so complicated that few surgeons will find themselves in the enviable position of being able to follow it in all its details. Practitioners in small cities and in the country, and military surgeons in the field, are debarred from using Lister's plan, being deprived of both schooled assistants and the multifarious agents which its author deems indispensable. That the therapeutical effects of the antiseptic method are notably better than the old stump dressing may be admitted without reservation, and yet it may fail in



securing followers and in becoming popular with the surgical profession."

Dr. Bauer's own plan in amputation is a modification of that of Burow. He invariably prefers the flap operation; trims off tendinous and bursal structures; ligates all bleeding vessels, including veins; exposes the wound to the air as long as there is the slightest trace of sanguinolent oozing; unites the wound loosely by looped sutures, to be tightened or slackened as the swelling demands; abstains from all interference with the flaps; discards adhesive strips (unlike Burow); excludes air from the wound by a loose compress dipped in warm water, covered with oil silk; has hitherto used silk for sutures and ligatures, but acknowledges the superiority of catgut for the one and silver wire for the other.

This has been the plan he has followed for eighteen years, and he claims for it a success unprecedented. *In fifty-three amputations of the thigh he had five deaths, or less than ten per cent.* The amputations were chiefly for disease, and generally in private practice. Eleven were for injury, one for gun-shot wound of knee-joint, and the deaths did not occur among these.

These are indeed marvelous results. The case-book in St. George's Hospital in three hundred larger amputations showed a loss of twenty-seven per cent; the cases collected by Pauli from miscellaneous sources (7,678), by Lane (5,851), by Chadwick from the New York, Boston, and Philadelphia hospitals (1,770), gave a loss of twenty-eight per cent; but most important of all is the comparison with Lister's results in forty amputations, wherein the loss was fifteen per cent.

Dr. Bauer concludes that with Burow he must believe that the after treatment of stumps had something to do with his extraordinary success, and claims but the merit of incessant attention and observance of the fundamental law of surgery that *wherever there be pus, let it out*. He points to the all-important fact that the results "were achieved by so simple a plan that every country prac-

itioner can readily follow it," and very pertinently remarks that "not before Lister can show a better table of recoveries shall I prefer his antiseptic method to that of Burow and myself."

We have done all we intended to do in presenting the main points made by Dr. Bauer, and have recorded the pleasure we received in finding the reason for the faith that was in us backed by the magnificent figures of this eminent surgeon. There are two points, however, wherein we must differ from Dr. Bauer, bold as it may seem to present a single point in the face of such results.

The condemnation of adhesive strips and bandages, it strikes us, is too absolute. Of course the strips may become instruments of torture when improperly used, but, *like Burow*, we can not but believe that when properly managed they can on occasions give more gentle and equal support than do sutures. While, too, the bandage is doing injury when it forces down the swelling incident to the wound, it may be made to perform other and very beneficent offices. When the stump is prone to spasmodic action there is nothing so effectual to prevent the muscular contraction as a well-applied bandage carried well up the limb, and there is no better way of preventing ulceration of an anterior thigh-flap from a tilting bone than by a bandage coming down from above. *Ubi pus, ibi evacua*, is indeed a paramount rule of surgery, but Rest is as great a law. There need be no occasion for a conflict between them, in the cases we are considering, by reason of the bandage we have described. But probably Dr. Bauer means a *pus-imprisoning* roller in his condemnation, and therein we heartily agree with him.

The profession owes many thanks to Dr. Bauer for his defense of Practicable Surgery.

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UTILIZATION OF CRIME.—The Tennessee Penitentiary Hospital furnishes the clinics of the Nashville College. We know of no similar institution used for such purposes.



## Original.

### THE TREATMENT OF GONORRHEA BY MILD INJECTIONS.

BY W. T. CHANDLER, M. D.

I venture to offer a few hints upon the pathology and treatment of gonorrhea, although I am aware that almost every doctor deems himself master of the subject, and believes that he possesses a certain or at least a sovereign method of cure for the disease.

While the profession has long since discarded all belief in the identity of the gonorrheal and syphilitic virus, yet there are those still who seem to consider gonorrhea a constitutional disease, and consequently cruelly vex their patients' stomachs with such nauseous drugs as cubebs, copaiba, turpentine, etc. Fortunately, however, the number who pursue this bad practice is small.

In my judgment gonorrhea is an inflammation of the mucous membrane of the urethra, produced by the contact of a purulent secretion containing the gonorrheal virus. This virus engenders inflammation on any other mucous membrane with which it comes in contact. The specific urethritis endeavors to relieve itself, like any other inflammation of a mucous membrane, by the exudation of pus; but this pus containing a poison, the gonorrheal inflammation is extended to contiguous parts, and also constantly re-inoculates the primarily inflamed membrane.

With a brief glance at the anatomical structure of the urethra, or rather that part in which the gonorrheal inflammation begins, we are prepared for an intelligent understanding of the proper treatment to be instituted.

The meatus urinarius is controlled, like the other mucous outlets, by a sphincter muscle, which makes some resistance to the passage of its contents. Just behind the meatus we have the fossa navicularis, a kind of diverticulum created by an enlargement

of the urethra at this point. It is in this fossa that the gonorrheal inflammation usually initiates its career. Here the pus containing the virus is exuded, and, finding a convenient receptacle here, it usually remains until dislodged either by urination or by the syringe. Thus irritation by the virus is kept up in the fossa itself. In like manner the pus secreted at the point of inflammation, though passing in part through the meatus, is in part forced back into the urethra, and thus spreads by direct infection to the contiguous membrane.

In the treatment of gonorrhea we may sometimes put a stop to the malady in its very inception by the use of a strong caustic solution (argent. nitrat. gr. xxx, aq. ℥j); but if we fail to destroy the virus in toto, as will often be the case, we have then a raw surface liable to be attacked with increased vigor. But it is to be hoped that this abortive treatment so-called will in future be only thought of as a matter of historical curiosity.

The use of even the milder caustic solutions is to my mind unscientific and unsafe; for I am persuaded that stricture seldom occurs except from a solution of continuity, produced by the use of caustic injections. Furthermore, the time required to cure gonorrhea by mild caustic injections, to say nothing of the severe pain attending their employment, is alone a sufficient objection to their use. Time and again have I seen the evil effects of this treatment. I am satisfied that often a gleet owes its origin entirely to irritating injections. I do not believe, however, with Prof. Ott that stricture of the urethra is the sole cause of chronic gonorrhea.

As gonorrhea is entirely a local trouble, it should be treated locally, at the same time avoiding all irritating injections. The pus should be washed from the fossa navicularis as fast as it accumulates. In fact, our aim should be to repeat the ablutions so often as to prevent its accumulation so far as is practicable. Especially should it never be allowed to accumulate in quantities sufficient



to distend the fossa and press back into the urethra.

For this purpose we may use simple cold or warm water every half hour or hour, as near as practicable, for the first twenty-four or forty-eight hours, and then the wash may be made slightly astringent, but not irritating—sulphate of zinc or tannic acid, one eighth to one fourth of a grain to the ounce of water, for instance. This wash may be used every hour or two until the cure is complete, which is usually in less than a week, and often not more than three to four days. In some cases I have used the astringent wash from the beginning.

It is not always practicable, on account of the patient's occupation, or from his desire to conceal his malady, to carry this plan into rigid execution; but the nearer we come to it the more satisfactory will be the recovery. Under any circumstances, few patients will follow our directions at night. If they would, I am sure the results would be more satisfactory.

I desire to lay especial stress upon the strength of the solution, as many practitioners use from three to six grains of sulphate of zinc or tannic acid to the ounce of water, considering these very weak solutions. In my opinion it is never necessary, in any case of acute gonorrhea, to increase the strength of the solution beyond one grain to the ounce of water. The desideratum is to use an unirritating solution—one that will not abrade the urethral mucous membrane when repeated often and thoroughly.

*Directions.*—Let the patient grasp the penis just behind the site of irritation; then with a one-ounce syringe force the solution into the meatus, letting the wash escape beside the nozzle of the syringe. This must be repeated two or three times at each employment of the wash. The physician will do well to carefully instruct his patient in the use of the syringe, remembering that the most trivial and simple things to him are nevertheless often mysteries to the patient.

I have said nothing in regard to systemic medication, such as purgatives, diuretics, etc.,

as they only need to be used when the symptoms in some particular case seem to demand them.

The object to be held prominently in view is to keep the urethra as free from pus as possible.

CAMPBELLSVILLE, KY.

## Correspondence.

### VISITS TO PHILADELPHIA CLINICS.

*To the Editor of the Louisville Medical News:*

In these "Visits," Mr. Editor, it is my purpose to present in a greatly condensed manner the interesting and important cases of our best clinics. Appreciating the fact that too often clinical reports border on verbosity, I shall write sententiously, even at the risk of being monotonous, knowing that your readers desire practical points rather than a display of rhetoric. No more of the history of the case will be given than is necessary to develop the indications for treatment.

JEFFERSON MEDICAL COLLEGE—DA COSTA.

CASE I.—Male, aged fifty-five; headache; constipation; and has been growing deaf for last year; started in a fall twelve years ago; fell twenty feet, and struck head in the front part; head has been troubling him ever since two years afterward; some defect in vision; vertigo at times; no wandering in mind; a little more irritable; poor sleeper; nothing wrong with urine; nothing wrong with circulation; does not come from indigestion, etc. Eye was examined; evident changes of the optic nerve were found; meningitis of the base on the left side, and has compressed the optic nerve; it is a chronic meningitis; the only symptoms lacking are there is no febrile excitement, and not so much mental wandering as usual; the chronic condition causes the absence of these symptoms.

*Prognosis.*—He will get better, but not entirely well; will always have more or less of symptoms.



*Treatment.*—Large doses potass. iodi. (gr. xx. v. d.); blisters at back of neck; mild, unirritating diet; avoid stimulants; keep bowels open; if delirious at night give bromide of potassium before retiring.

CASE II.—Male, aged thirty-nine; has a diarrhea; has had it for four or five years; eight or nine stools before nine o'clock; a great many in twenty-four hours; two hemorrhages from bowels four months ago, profuse; full receding pulse, 110 per minute; hot skin; has chills and fever sometimes; thinks the chronic diarrhea is result of malaria; tongue slightly coated; he is very pale; has an enlarged spleen; no enlargement of liver; no dropsy; no tenderness over abdomen; lungs are healthy on both sides. Heart—a systolic murmur toward right side; aorta roughening; anæmic.

*Treatment.*—Regulate diet; rice, meat underdone, and in small quantities, no green vegetables, small amount of fruit, but no grapes; milk-toast, farinaceous food, no stimulants. On account of anæmia give 20 gts. of solu. nitra. iron four times a day; may be increased if he bears it well. If he needs it he may have a suppository at night. Hemorrhage caused by enlarged spleen.

CASE III.—Female, aged fifty-four; sick since last February; has diarrhea; tenesmus at stool; passes no blood; four or five movements in afternoon, eight to twelve in the twenty-four hours; has a good appetite; tongue coated; generally pain after eating; no vomiting; swelling of legs; a very feeble heart, first sound is very defective; feeble pulse; the feeble heart is the cause of the swelling.

*Treatment.*—Bismuth sub. nit. 10 grs. four times daily, mixed with 5 gr. of aromatic powder; oftener if necessary. For pain in stomach give (unless it gives pain) gr.  $\frac{1}{40}$  strychnia before meals; other between meals. Have care in diet. Quinine is apt to increase diarrhea, therefore do not give it at first.

CASE IV.—Male, aged thirty-five; headache for about a year; throws up a great deal of bile in the morning; does not drink

alcoholic liquors; this usually the cause of morning vomiting; tongue coated; complexion sallow; quick pulse, 120 times per minute; heart action is excited, systolic murmur at base, soft, and due to anæmia; impulse of heart is violent, but no hypertrophy; rather large liver and spleen; dry cough in morning upon getting up; bowels constipated; no weight after taking food; no epigastric tenderness; nothing wrong with the lungs; it is chronic gastritis.

*Treatment.*—Get the liver right and the heart will come so.

R Podophyllin ..... gr. ss;  
Rhubarb ..... gr. ij;  
Ext. hyoscy..... gr. j.

In pill. Take every second night or every night, bis. and pepsin (10 gr. bis., 5 gr. pepsin), the pepsin with his food and bis. afterward; beef-broth; easily-digested food; rare meat.

CASE V.—Female, aged forty-eight years; marked pulsation at root of the neck; there is a pulsating tumor there; annoyed by the pulsation; has had the tumor several years; has not had rheumatism; has attacks of giddiness; moderate dyspeptic; in listening to the tumor two distinct sounds are heard, the first dull, and second sharp and distinct; no murmur is perceptible; the pulsation at the sternal notch; some pain there; attacks of choking at night; some difficulty of breathing; no black spots before eyes; left pulse is feeble and right is strong; it is not pulsation from heart; nothing wrong with heart; therefore it is a local trouble; it is transverse portion of arch of aorta; dullness on percussion here; there is dilatation of arch of aorta, which if it goes on will produce aneurism.

*Treatment.*—Large doses of potass. iodide in aneurism; potass. iodide gr. 20. v. d., with ginger and water; tr. ver. vir. gtt. 3 twice a day; tr. ginger gtt. 5 to 7 morning and evening; as much rest on back as possible; light diet.

CASE VI.—Girl, aged twelve; eczema impetigeones upon the head; has had it for four weeks; limited to the head. First get



scales off by poultices and wear an oiled-silk cap; then

R Carbolic acid ..... ℥ x;  
Benz. oxide zinc oint..... ʒ j.

Applied after poultice comes off three times a day. Patient is feeble, give cod-liver oil and iron; a tablespoonful of cod-liver oil and a drachm of elixir of pyrophosphate of iron.

CASE VII.—Girl, aged fifteen; palpitation of heart for three weeks; irritable heart; no murmur; no enlargement; beating of vessels of neck; continuous nervous hum; pearly conjunctiva; confirmed anæmia; heart over-acting because of lack of good blood.

*Treatment.*—Iron, gtt. 20, tr. dig. gtt. 10, morning and evening, to be well nourished; underdone meat, milk, eggs, etc.

CASE VIII.—A little girl; enlarged tonsils and palpitation of heart; deformity of chest the cause of over-action of heart. Can not do much with such cases; keep the child quiet, except mild gymnastic exercises, development of chest muscles. Give syr. iod. iron gtt. v. daily for a year, occasionally stopping; this for the enlarged tonsils from scrofulous disposition.

CASE IX.—A young man seventeen years of age; irregular action of heart for three years. By examination find over-action of heart with increased dullness on percussion; dull first sound, distinct second sound; it is a case of dilated hypertrophy of heart, most likely caused by excessive use of tobacco.

*Treatment.*—Rest on back for three months; if can not do this, lie down as much as possible; unstimulating diet; farinaceous food, milk, eggs, fish, and oysters; not much animal food. Aconite must be used steadily, one drop thrice daily, to begin with; if it shows decided action on the pulse, stop it for a time.

CASE X.—Male, aged twenty-seven; has been hoarse for three years without any recognizable cause; came on gradually; due to paralysis of one of his vocal cords—the right one. In treatment you may try carbolic acid and iodine, a teaspoonful thrown

upon warm water and inhale the steam; also give strychnia.

CASE XI.—A little child with eruption of three days; a case of varicella; child has been sick a while. Keep bowels open, liq. cit. pot. ʒ ss, S. gr. ʒ ss, four times a day; keep child warm and dust the parts with subnitrate of bismuth.

CASE XII.—Girl, aged fourteen; trouble in stomach; eats a great deal and is always hungry and thirsty; is very thin; has been this way eight or nine months; she is very costive; it does not therefore pass off by bowels; passes water freely; tongue clean but red; no lung or heart trouble; no venous murmur in neck, therefore no marked anæmia; large abdomen with large veins; fluctuation in abdomen; walls very tender; something hard in the abdomen; it is most likely a case of chronic peritonitis, with enlarged mesenteric glands; the urine ought to be examined to make the diagnosis more certain; it is a case of starvation from chyle not entering the blood; suspect a tubercular tendency.

*Treatment.*—Oleaginous inunctions, coconut oil, cod-liver oil, each one half pint, one drop oil bergamot, rubbed inside of thighs and over lower part of abdomen, etc. Ointment of belladonna and iodine in plaster or rub with; syr. iodid. of iron 20 gtt. v. daily. Food is important—animal food, milk, and what proves to be easily assimilable.

C. C. VANDERBECK, M. D., PH. D.

PHILADELPHIA.

## Reviews.

**Prescription-Writing.** Designed for the use of Medical Students who have never studied Latin. By F. A. GERRISH, M. D., Professor of Materia Medica and Therapeutics in the Maine Medical School. Portland, Me.: Loving, Short & Harmon. Philadelphia: J. B. Lippincott & Co. 1878. 16mo.; pp. 52.

The above is the title and authorship of a neatly- and handsomely-bound brochure which has reached us through the kindness of the author. The preface is certainly an



expression of the desire of every earnest teacher of medicine for a higher standard of preliminary education and training on the part of medical students.

Part I is devoted to careful prescription-writing—a subject of the utmost practical importance. One could hardly fail to pass judgment upon the business-man who would write his checks upon bits of paper, an old envelope, or a business-card. Certainly such carelessness is not less culpable where life, money, and reputation are at stake. Now and then the community is shocked by the error of some druggist. The great wonder, however, is that such mistakes are not often made, and that many of the prescriptions which appear on their files are deciphered at all. We have often wished to say something upon this subject, but as often have been deterred by the consciousness of the “beam in our own eye.” It would not do for us to cast the first stone.

No one will read this little volume without the feeling that its author is the precise and careful physician set forth in its pages. In a recent tour we had the pleasure to become acquainted with Dr. Gerrish, and were much interested in some specimens of cacography which the doctor had collected from his professional life.

Part II is devoted to words used in prescription-writing, and is concluded with a complete list of words, names of drugs, etc., arranged in order under the four declensions of Latin nouns with genitive endings. The objection of some medical men to Latin prescriptions is met by the statement which admits of but few exceptions, that such prescriptions attempted to be written in English are but a jumbling of both languages.

The work is designed for students who have no knowledge of Latin; it will, however, be a useful reminder to physicians who have suffered themselves to lapse into an easy, not to say thoughtless, way of prescription-writing.

L.

ALOPECIA is said to be the rage at the clinic of the Nashville school.

## Books and Pamphlets.

CONTRIBUTIONS TO THE HISTORY OF MEDICAL EDUCATION AND MEDICAL INSTITUTIONS IN THE UNITED STATES OF AMERICA. 1776–1876. Special Report. Prepared for the United States Bureau of Education. By N. S. Davis, A. M., M. D. Washington: Government Printing-office. 1877.

ETIOLOGY OF ENTERIC FEVER. By J. L. Cabell, M. D., of University of Virginia. Extracted from the Transactions of the American Medical Association. Philadelphia: Collins, printer. 1877.

ON THE SURGICAL TREATMENT OF PERITYPHLITIC ABSCESS. By J. H. Pooley, M. D., Professor of Surgery in Starling Medical College, Columbus, O.

A STUDY OF NINE HUNDRED AND SIXTY-FIVE CASES OF CHRONIC PULMONARY DISEASE. By F. H. Davis, of Illinois. Extracted from the Transactions of the American Medical Association. Philadelphia: Collins, printer, 705 Jayne Street. 1877.

THE RESPIRATION OF COMPRESSED AND RAREFIED AIR IN PULMONARY DISEASES. By F. H. Davis, M. D., Chicago. A Paper read before the Chicago Society of Physicians and Surgeons, April, 1877. Reprinted from the Chicago Medical Journal and Examiner, October, 1877.

SOCIAL SCIENCE: THE ART OF SEEKING HEALTH, BUSINESS, AND PLEASURE. Containing an Interesting and Original Theory in reference to the System of Caves in the Ohio and Cumberland Valleys, and the Probable Extent these Subterranean Passages connect with and supply the Oleiferous Reservoirs and Metalliferous Fissure-veins in Western Kentucky. Also Statistical Data and a few Suggestions about Fashionable Summer Resorts, Bathing Establishments, Natural Curiosities, and Industrial Economy. Our China clay, Lead, Iron, and Coal Interests, etc., etc. “Southward and Westward the Star of Empire takes its way.” By Oliver H. Strattan. Louisville, Ky.: Courier-Journal Book and Job Printing Establishment. 1878.

ANNUAL REPORT OF THE WESTERN KENTUCKY LUNATIC ASYLUM (AT HOPKINSVILLE, KENTUCKY), FOR THE YEAR 1877. Property of the State of Kentucky. Frankfort, Ky.: Printed at the Kentucky Yeoman Office. S. I. M. Major, Public Printer. 1877.

THE PHILADELPHIA DRUGGIST AND CHEMIST.—We have just received the first number of this journal (January). In every respect it is attractive. It is gotten up in perfect taste, and its contents are valuable. We commend it especially to our pharmaceutical friends, but to the physician also it will prove interesting. It is published by C. C. Vanderbeck, M. D., 1011 Walnut Street, Philadelphia, at \$1.50 per year or 20 cents a number.



LIEBIG'S EXTRACT OF MALT, AND ITS CHEMICAL COMPOSITION, MANUFACTURE, AND THERAPEUTICAL USES. By F. H. Davis, M. D., of Illinois. Extracted from the Transactions of the American Medical Association. Philadelphia: Collins, Printer, 705 Jayne Street. 1876.

## Formulary.

OLD-FASHIONED BUT GOOD TONIC AND DIURETIC IN VARIOUS RENAL AND VESICAL AFFECTIONS.

℞ Digitalis-leaves..... ʒij;  
 Parsley-roots..... ʒj;  
 Horseradish ..... ʒss;  
 Mustard-seed ..... ʒij;  
 Squill ..... ʒij;  
 Juniper-berries ..... ʒss;  
 Cream tartar..... ʒj;  
 Subcarb. iron ..... ʒss;  
 Hard cider..... Cong. ss.

M. Let the mixture steam by the fire all day in a stone jug. Sig. Wineglassful three or four times a day.

FOR TAPE-WORM.

℞ Oleo. resin filicis ..... ʒjss;  
 Mucilag. tragacanth ..... }  
 Aquæ menthæ pip..... } aa ʒjss.

M. Sig. To be taken fasting, followed by castor oil and turpentine.

FOR CONSTIPATION IN CHILDREN.

℞ Podophyllin..... gr.j;  
 Rectified spirit..... ʒj.

M. Sig. Four or six drops, according to age, three or four times a day, on a lump of white sugar.  
 C. R.

FOR NAUSEA, DEPRESSION, AND CRAVING FOR DRINK.

℞ Tr. capsici..... ℥x;  
 Tr. nucis vom..... ℥x;  
 Acid nitric dil..... ℥xx;  
 Aquæ..... ʒj.

M. Sig. Take as a draught in water three or four times a day.  
 C. R.

COUGH-MIXTURE FOR CONSUMPTION.

℞ Morph. sul..... gr.ij;  
 Acidi sul. dil..... gtt.ij;

M. et addi:

Tinct. serpentariæ..... ʒj;  
 Vini antimonii..... }  
 Vini ipecacuanhæ..... } aa ʒij;  
 Tinct. anisi..... ʒj;  
 Syr. pruni virgin..... ʒjv.

Ft. Sol. Dose—Teaspoonful every two or three hours.  
 I. K. S. K., *Glencoe, N. C.*

## Miscellany.

SPENCER WELLS'S EXPERIENCE IN OVARIOTOMY.—An interesting event occurred at the Samaritan Free Hospital on the 12th inst. Mr. Spencer Wells performed his last ovariectomy in that hospital, where he has labored for twenty years, and with whose reputation his own is so closely linked. Mr. Wells has made the Samaritan Hospital, and in return the hospital has done no little for him. After the performance of the operation Mr. Wells reviewed his twenty years' work there. He told how in the autumn of 1857 a woman was in that hospital with what appeared to be an ovarian tumor of the left side. It was decided to perform ovariectomy. "As soon as I opened the peritoneum, and it was proved beyond all doubt that the tumor was behind the intestines, I was induced to close the wound and do nothing more. The patient recovered without a bad symptom, but died four months afterward in St. Bartholomew's Hospital, when it was found there was a tumor of the left ovary, which might have been removed quite easily." This led to the offer of a patient who had been relieved by tapping several times, and who was willing to face any thing. Complete ovariectomy was successfully performed upon this patient in February, 1858. The pedicle was secured by whipcord ligature and left hanging out of the wound, after the fashion of the early ovariectomists. Slowly and by degrees the operation made its way. In the first five years Mr. Wells performed it thirty times, in the second five years eighty-two times, in the third five years one hundred and thirty-two times, and in the last five one hundred and fifty-nine times. The mortality has steadily decreased as greater experience was acquired. Of the first thirty cases nine died; of the second list, out of eighty-two no less than twenty-one died—a heavy percentage; of the third list, out of one hundred and thirty-two cases thirty-six died; and of the last one hundred and fifty-nine cases only thirty-three died. The mortality of the last two years has only



been a little more than ten per cent; the percentage of the first series being nearly thirty per cent. Thus ovariectomy has made its way from an operation of exceeding gravity, ranking with the most serious amputations, to that of an ordinary amputation of the leg, or thereabouts.

Mr. Wells then referred with natural and pardonable pride to the visitors' book and the names written therein. He said that a glance over them would demonstrate the widespread interest felt in the operation, and men from the most distant parts of the globe had there seen what they carried back with them to their own countries. By such means the experience of that little cosmopolitan hospital had been carried away to the remotest sisters in suffering.

Mr. Wells said he had never adopted the antiseptic plan of treatment, which was now on its trial by his junior colleagues. He said we had not yet seen enough of it in ovariectomy to warrant us in saying more than that the evident objection of operating in a chilly mist may be partially avoided; that no great harm is done by peritoneal absorption of carbolic acid; that dressings are simplified; and that hyperpyrexia is less to be feared. He thinks the introduction of thymol will do much to make antiseptic surgery more acceptable. It has a very pleasant odor, has no poisonous properties, and is a much more effective germicide than carbolic acid.

One factor in the lessened mortality was, in the opinion of Mr. Wells, the rule established in 1873, viz. that every visitor should sign the following declaration: "We, the undersigned, have not been to any post-mortem examination, nor any dissecting-room, nor attended any case of infectious disease within the last seven days."

It must be very gratifying to Mr. Wells to look back on his twenty years' work—how from small beginnings great things grew. His name is indissolubly blended with the practice of an operation of primary importance, which at one time was regarded as scarcely permissible at all. Now Mr. Wells

leaves behind him a staff of men who are regularly engaged in the prosecution of the operation, and a hospital whose reputation is world-wide, and over which his own fame will ever remain as an ægis, and of which in time he will be held to be the tutelary genius.—*J. Millner Fothergill's letter in the Phila. Med. Times.*

"ANY chartered institution which holds two graduating-sessions in one year deserves to forfeit the respect, confidence, and support of the profession."—*American Medical Weekly.* The Nashville Medical College, without temptation—for it stands alone in the business—announces that it will continue to hold these two graduating-sessions, and has otherwise lowered the standard of medical education. It seeks to flood the country with ignorant practitioners, to divide the bread of men who have hard-earned diplomas. Will they not indeed exclude it and its "graduates" from professional fellowship?

"CLINICAL ADVANTAGES.—The Hospital of the Tennessee State Prison is designed for the easy accommodation of sixty patients out of the eleven hundred convicts confined within the prison-walls. This hospital is under the direct control of Prof. Duncan Eve, with Profs. J. J. Abernathy, T. Chalmers Dow, W. C. Cook, and Frank Glenn as consulting-surgeons and physicians."—*Extract from the Third Announcement of the Nashville Medical College for the Session of 1878.*

WHO would wish it to be known that he graduated at the Penitentiary School of the South?

FEEDING BY THE RECTUM.—Dr. Austin Flint, in a paper of extraordinary interest and practical value in the *American Practitioner* of January, on Rectal Alimentation, shows that life may not only be thus prolonged a few days, but that persons may live for weeks and months and even years



by this method of nutrition alone. More than this, and it seems almost ludicrous, some patients having been fed in this way for a considerable period were quite disinclined to return to the usual mode of eating. The cases recorded, except the first, came under Dr. Flint's observation. Dr. Pierce's patient lived three weeks solely nourished by the rectum. Dr. Purple's patient lived three months on this form of feeding. Dr. Lusk's patient was sustained for seventeen days in the same way. Dr. McClain's patient maintained life by rectal alimentation for twenty-eight days, and for a year was fed in this way the greater part of the time. Dr. Flint's patient lived exclusively upon injections of essence of beef and milk, repeated every four hours for three weeks. The most extraordinary case is that furnished by Dr. Bliss, of New York. His patient lived comfortably for fifteen months without other sustenance than that through the anus, and for much of the time for five years lived by this means. None of these patients died of inanition, and some of them increased in weight and strength. Where death occurred it was due to the disease with which the patient was suffering.

This treatment is applicable in cancer or ulcer of the stomach; stricture of the esophagus; gastritis; gastrorrhagia; the persistent irritability of the stomach, purely functional, occurring in women; invincible anorexia with loss of strength and weight; and when "from blunted mental perceptions or coma an adequate amount of food can not be introduced into the stomach by voluntary deglutition."

The rectal diet recommended is as follows: Liebig's extract of meat, with milk; milk either alone or combined with eggs, beef, mutton and chicken broths; and Leub's pancreatic meat emulsion, which is prepared as follows: from five to ten ounces of finely-chopped meat, and one third of this weight of finely-chopped pig or ox pancreas, free from fat, are mixed with five ounces of lukewarm water. This mixture is rubbed in a mortar to the consistency of thick soup.

The quantity of food injected should be from three to six ounces, and the intervals between injections should be from three to six hours. If not well tolerated, tincture of opium or morphia in solution are added with advantage. The bowel should be relieved of its fecal contents before beginning the rectal feeding, by simple enemas, or, if not contra-indicated, by a laxative *per orem*. After this procedure no fecal discharge may occur for days or weeks, and yet no discomfort is experienced.

To quench thirst simple water is injected and the body is freely sponged. Should the rectum refuse the first injections of aliment, they should be continued, and in a short time are likely to be retained. Should the bowel become intolerant of the injections after they have been used some time, they should be discontinued for a day or two, and after this rest the rectum is likely to receive them kindly.

The nutritive injections should be tepid, and directly after their administration firm pressure on the anus by a sponge or napkin should be made until the desire of expulsion passes off.

"To what base uses we may return, Horatio"—The Tennessee penitentiary changed into a diploma-mill.

SLEEP AND ITS CAUSES.—Natural sleep is to be regarded as the result of fatigue of certain brain-cells induced by the work they perform in receiving and reproducing impressions. In them, just as in any other animal cells, certain acid and chemically paralyzing products of tissue-change will be chiefly formed—will either partially or completely arrest the work done by these cells, until the blood and the lymphatic vessels of the pia mater have removed them and restored the cells to their normal condition. Morphia has a similar property of temporarily paralyzing the substance of the cell and so inducing sleep. The contraction of the small vessels of the brain, and the anæmia thereby induced by the action



of morphia upon the vaso-motor center, are also adduced as a cause of sleep; but we must remember that certain narcotics, such as alcohol and chloral hydrate, produce a deep sleep, in which the blood-vessels of the brain are not contracted, but more or less congested. Anæmia can not therefore be a main condition of sleep, which is probably due as a rule to an activity of the sensory organs induced by various other influences. Morphia is one of the most trustworthy remedies for diminishing irritation or peripheral excitement of the nervous centers, as well as of individual nerves, in inflammatory, septic, neuralgic, and convulsive states; hence it is given in bronchitis, pneumonia, acute intestinal catarrh, cystitis, typhoid and typhus fevers, delirium tremens, lead-poisoning, colic, the eclampsy of pregnant and parturient women; in salivation and diabetes, in hemorrhages, in all kinds of neuralgia, and in a word in the most various forms of general and local disturbance which exhibit the character of physical, sensory, motor, secretory irritation.—*Binz.*

THE LOUISVILLE MEDICAL NEWS.—It is well to begin subscriptions now, that the back numbers of this volume, commencing in January, may be supplied.

A LENIENT PENITENTIARY.—The longest term of service in the Nashville College is nine months.

A CLINIC AT THE NASHVILLE COLLEGE.—Said the professor: "Our prognosis, gentlemen, in cases of Grand Larceny must necessarily be guarded. It depends greatly upon the amount the patient has taken before we see him. I think it would be safe, however, to put it down at from two to four years. Relapses are particularly bad, as they indicate a diathesis in this direction. In regard to treatment, there is no specific; but by exercising a proper restraint over the patient a second attack may be postponed for a time. Our chief concern is to prevent

the patient from breaking out. Dietary and hygienic measures are all important. In England sea-voyages to Australia have been prescribed with benefit. Short hair is desirable, that the brain may be kept cool; and loose-fitting clothing, that the body may be comfortable. We believe greatly, too, in rendering the patient as attractive to himself as possible; to which end the dull monotony of our modern fashions in dress is relieved by the alternate stripes of black and white, which you see the patient exhibits in his coat and trowsers. A bath taken *al fresco* at the pump on Saturday afternoons, and a vigorous scrubbing with yellow soap, does much to promote the action of the skin and to divert the mind. A pint of peanut coffee, sweetened with sorghum, three times a day; a modicum of bacon ("sow-belly" of the poets), baked beans, with dodgers *de* corn, form the chief diet in this complaint; and these with moderate exercise, say about ten hours a day, at the rock-pile, or breathing the invigorating atmosphere of the hemp-factories, make up our treatment. Our attentive clinical assistants, Messrs. Thrasher and Shootem, will take the case in charge, and report progress."

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.—"The time will come, I believe," says Dr. Boyd, of Dublin, Ind., in the American Practitioner of January, "when veratrum viride will be considered little more hazardous to administer than ipecacuanha, and less dangerous than lobelia inflata." Dr. Boyd speaks of Dr. Fearn, of Brooklyn, N.Y., having reported ten cases of puerperal convulsions, some years since, successfully treated by veratrum viride. The doctor has treated three cases successfully with this drug, and he reports a similar case occurring in the practice of Drs. Thomas and Weist, of Richmond, Ind. Dr. Boyd gives twenty drops of the fluid extract of veratrum viride every fifteen minutes till either emesis or arterial reduction is produced. In his last case he gave the medicine in this way till one hun-



dred and twenty drops were taken. Soon after the sixth dose the pulse had fallen from 144 to 130. Ten minutes later emesis began, and in ten minutes more the pulse was down to 54. After the patient had vomited three times in quick succession he began to give twenty-five-drop doses of tincture of opium after each spell of vomiting. After the fourth dose of opium the stomach quieted and a pleasant sleep came on. A few smaller doses of veratrum were given during the next forty-eight hours, and afterwards a laxative and cinchonidia. The cure was rapid and most satisfactory.

In Drs. Thomas and Weist's case the patient got one hundred and forty drops of the tincture, in fifteen-drop doses, every fifteen minutes before vomiting occurred and the convulsions ceased. Opium Dr. Boyd considers a reliable antidote to the unpleasant effects of veratrum.

NIGHT thoughts of a sick gentleman who had figured at the clinic of the Nashville College, slightly adapted from Asa Hartz:

My love reposes on a rosewood frame—

(A bunk have I.)

A couch of feathery down fills up the same—

(Mine's straw but dry.)

And guardian angels watch around her couch at night—

(A number of gentlemen in the employ of the Tennessee government, with loaded guns, keep me in sight.)

PROFESSOR of Nashville College to patient: "For what were you admitted, my man?"

*Patient*—"Horse-stealing, please sir."

*Professor* (angrily)—"I mean what were you sent to the hospital for?"

*Patient*—" 'Cause I were sick, sir."

Professor gives it up, and calls the next case. It proved to be a very interesting one: gluteal laceration from bite of bulldog, contracted while the patient was exercising himself climbing a stone wall.

HÆMOPHILIA.—The Mampel family of Kirchheim, near Heidelberg, supplies an example of this. Its progenitors, both healthy

persons and of healthy families, married in 1798, and had six sons and four daughters. Among the former were three "bleeders." In the next generation, among the thirty-two children, there were thirteen "bleeders." In the third generation there was only one "bleeder." The "bleeders" were all of the male sex, and externally exhibited no difference from any other member of the family. The children of the "bleeders" remained exempt from the disease, and in general it was transmitted only by the females of the family, who themselves were, as far as inclination to bleeding was concerned, in a normal condition. Of the seventeen "bleeders" who, in the course of three generations, appeared among a family of about one hundred individuals, nine died from hemorrhage—some from insignificant wounds, and others from subcutaneous intermuscular bleeding, sometimes produced by slight contusions. There were also hemorrhages from the gums, the nose, and the mucous membranes of the bronchi, the stomach, and the bladder, and repeatedly bleeding into the joints. Of these seventeen "bleeders," two died during the first year, seven between the first and seventh years (five from hemorrhage), and five (four from hemorrhage) in their fifteenth, twenty-fourth, thirty-fourth, thirty-fifth, and fifty-fifth year.—*Wein. Med. Woch.*

If conviction does not follow upon the teachings of the Nashville College, it is no fault of the surroundings.

THE Board of Counsellors of the Nashville College of Medicine contains forty-two members. The names embrace those of a number of distinguished gentlemen in the South. Of course these honorary positions, as generally in similar cases, are filled by persons who are hardly cognizant that they occupy them. It would be well for them to examine into the matter, and we are quite certain then that they would not lend their names to such an enterprise as the Nashville College.



**MONEY VALUE OF LIVES.**—Basing it upon the agricultural classes of Norfolk, Dr. Farr estimated that an infant at birth was worth twelve dollars and a half, in its prospective labor. Five years later his value as a productive agent was one hundred and thirty dollars; and five years later it was more than doubled. At the age of twenty-five he has attained the maximum value—six hundred and fifteen dollars a year. At fifty it is reduced down to three hundred and forty-five dollars, and so on down to seventy, when the value is only two dollars and a half a year. Should he live to eighty his value is one hundred and two dollars less than nothing.—*Cin. Med. News.* In Kentucky, when of the proper color, they were worth much more than this before the war.

WE must again warn our readers not to confound the Nashville College, of which they may have noticed a mention in this number, with the University of Nashville and of Vanderbilt. The latter institutions are members of the "Medical College Association," and give the reputation to Nashville as a seat of medical learning. Of course there was no design upon the part of the Nashville College in imitating a name.

Now this way the surgeons of Nashville College have, when clinical material runs short, of introducing a hardened convict and lecturing on him for bone-felon—does it conduce to the interest of medicine?

A YOUNG German had all the symptoms of inguinal hernia. He repeatedly vomited round worms, and the knuckle of protruded bowel felt as if it were filled with worms. Five days later herniotomy was performed, and the hernial sac, which had an intensely bluish-red color, was found to be distended with worms. Before the wound healed worms crawled out between its lips, patient voided more by mouth and rectum, and for six days continued to discharge them in the evacuations, after which the wound healed and the trouble disappeared.—*Wiener Med. Presse.*

**THE HARDEST BLOW OF ALL, AND YET A FAIR ONE.**—The young ladies of Nashville, whose grace and beauty and goodness and sweetness rank even side by side with their fair sisters of Louisville, and who for years past have cheered the lonely student with their delightful society, have vigorously pronounced against receiving any "gentlemen" from the penitentiary.

PATIENT to a graduate of the Nashville College—"What hospital did you attend while you were in Nashville, doctor?"

"*Doctor*" (blushingly)—"Hem—hem—at—at—yes; it was a government institution."

(Patient finds out later it was the penitentiary, and changes physicians.)

MR. GEORGE DARWIN, after searching investigation, concludes that "the widely different habits of life of men and women in civilized nations, especially among the upper classes, tend to counterbalance any evil from marriage between healthy closely-related persons." Mr. Darwin's views are in a measure sustained by Dr. Vorn's inquiry into the commune of Batz. Batz is a rocky, secluded, ocean-washed peninsula of the Loire Inférieure, France, containing over three thousand people of simple habits who do not drink and commit no crime. For generations they have intermarried, but no cases have occurred of deaf-mutism, albinism, blindness, or malformation, and the number of children born is above the average.

THE price of board in Nashville, according to the announcement of the Nashville College circular, is from three to five dollars a week. However, gentlemen not particular as to the style of their clothes or the cut of their hair can obtain it for nothing, and quite convenient to the clinic also.

IT is said that the warden of the Tennessee penitentiary demands certificates of moral character from the students attending the clinics.



A HUMOROUS picture of the antiphlogistic treatment, written by "the late eccentric Dr. Brennan, of Dublin," quoted by Professor Stokes, of Dublin, in his Lectures on Fevers:

Any patient, when you get him,  
First of all be sure you sweat him;  
The next day you need not had him,  
But the third take care to bleed him.  
When he's sweated and he's bled,  
Then, of course, you'll shave his head;  
Clap on five-and-twenty leeches,  
Though the first-cost a crown each is.

When to sink he does incline,  
Blister legs and give him wine.  
Tell his uncle or his brother  
That you'd like to see another—

Yet let nobody approach  
But a doctor in a coach;  
For a coach does mighty wonders  
In concealing doctors' blunders.

When with drugs you have well swilled him,  
Tell his friends *the fever* killed him;  
All that could be done was done—  
The worst you ever saw, but one;  
And this is a mighty consolation  
In such an awful visitation.

THE profession of the United States has stamped its condemnation upon the double-graduating-term schools. It will grind the Nashville school to powder. Let young men shun it as they would the plague. It will leave a spot on them which will be a life-time regret.

"If any man backs in this fight," said Sir Colin Campbell, "I will post him on the door of his parish church." If any man backs from a reputable medical education, and seeks the diploma of the Nashville mill, let him be published to the people of his county.

THE recent termination of the brilliant career of the British and Foreign Medico-Chirurgical Review is a significant fact. The taste of the present day is undeniably in favor of weekly (rather than quarterly or even monthly) issues of brief and varied contributions, giving the latest ideas at the shortest notice.

THE TROMMER EXTRACT OF MALT.—We call the attention of our readers to the new advertisement of the Trommer Extract of Malt Company. It will be seen that they offer additional combinations with the Malt Extract—notably one with phosphorous. The increased demand for the Malt Extracts of this company was so rapid that for a time there was great difficulty in procuring them. They have, however, enlarged their facilities for manufacture to such an extent that they are prepared now to supply any quantity that the profession may need, and of a quality guaranteed to equal any brand of foreign or home manufacture.

"THE members of each dissecting-class, six in number, will occupy separate rooms, free from noise, etc.," says the Nashville circular. This is all very well, but these small rooms look suspicious. The point is, do they let a fellow out when he wants to go?

FLUID EXTRACT OF VIBURNUM.—Dr. Westmoreland, in his work upon Acology and Therapeutics, highly commends the fluid extract of viburnum (black haw) as an anti-abortive, and in neuralgia of the womb. Dr. Fares, of Mississippi, is the discoverer of its "valuable uterine anti-abortive properties," according to Dr. W. A year or so ago Prof. Jenks, of Chicago, published an interesting pamphlet on this remedy.

PATHOLOGY is all very well, but we can not but believe that the professors of the Nashville College lay too much stress on cell action.

WHICH EVERY ONE MUST CONFESS IS VERY BAD—That in spite of the devotion of the Nashville College professors to cellular pathology, they are lost to all sense of virchow.

SCARLET-FEVER FUNERALS.—Dr. Loomis, in his work on Fevers, says, "It is doubtful whether the funerals of those dying of scarlet fever should be public."



PROFESSOR in Nashville College to clinical assistant—"Let the man be put on iron for two weeks."

*Patient* (showing wrists and ankles)—"Please, sir, I have got 'em on already."

BILLROTH AND VOLKMANN.—The completion of Billroth's tenth year of professorship in Vienna was recently celebrated by a festival, at which at least fifteen hundred students were present. Prof. Volkmann, of Halle, was also honored last month with a numerous-attended festival, in celebration of his refusal to quit the scene of his labors for the chair of surgery offered to him in the University of Würzburg.

PROF. BARTHLOW.—The British Medical Journal of January 5th contains a long and most flattering review of Dr. Bartholow's Treatise upon Materia Medica and Therapeutics.

POETIC PROFESSOR (in Nashville School): "Ah, gentlemen, in cases such as this how useless is our art! Could the struggling spirit but free itself from this tenement—burst its prison-bars, and"—

*Prosy Warden* (at side door)—"You can't come that game, my friend; not if I know any thing about this 'ere breech-loader."

A CONSPICUOUS absence of gout among the cases at the clinic of the Nashville College this year.

ACCORDING to the official report of the East Indian Government, the recent great cyclone on the Bengal coast cost one hundred and sixty-five thousand lives per million of those who inhabited the district over which it extended.

WE are not great sticklers for a scientific nosology, nevertheless we can not agree to the propriety of the Nashville College introducing house-breaking at its clinics under the head of fractures.

## Selections.

**Uterine Flexions.**—Dr. Fordyce Barker, in his address before the New York Gynecological Society, says:

"I believe that most gynecologists who are not partisans of 'the mechanical system of uterine pathology' will accept the following propositions:

"Flexions in the virgin cause no symptoms, except a slight dysmenorrhea, unless there be some vitiation of the general health, defective nutrition, neurotic disturbances, or pathological change of the pelvic organs other than the flexion.

"In some married women in whom flexions exist all the functions of the uterus—menstruation, conception, gestation, and parturition—are performed without any apparent difficulty due to change of the form of the organ.

"In the married, however, these flexions may become a source of irritation, and be one of the factors in producing functional disorders, neurotic disturbances, and pathological changes of structure not only in the uterus, but in the adjacent tissues.

"Mechanical treatment, such as the use of pessaries, or surgical, such as the division of the posterior lip backward, is neither safe nor useful, till all associated pathological conditions due to antecedent or coincident inflammation have been overcome.

"All treatment, whether local, surgical, or mechanical, will fail in curing uterine disease so long as the blood is deficient in its proper proportion of nutritive elements; and therefore appropriate constitutional treatment is essential to success."

**Jaborandi in Asthma.**—Dr. Gubler, in the Journal de Thérapeutique, states that he has succeeded in five cases in aborting the attack by giving an infusion of jaborandi-leaves, relief being obtained so soon as its sialagogue and sudorific effects appeared. He found the jaborandi to produce instantaneus amelioration of the asthmatic paroxysm of emphysema. To one man a cup of tepid infusion was administered during an excessive paroxysm of asthma, who fifteen minutes afterward began sweating and expectorating. Almost immediately after this the respiration became easy, the patient declaring that the malady had been taken from him as with the hand.

**A New Substitute for Litmus.**—Dr. E. Luck, a German chemist, has proposed a substitute for litmus which has the advantage of being colorless in neutral or acid solutions. It instantly becomes an intense deep purple color on the addition of a trace of alkali. It is phenol phthalein, made by heating phenol with phthalic anhydride and concentrated sulphuric acid.



# TROMMER'S EXTRACT OF MALT.

THE rapidly increasing demand for our **Improved Extract of Malt** during the four years that it has been manufactured and offered to the medical profession in America justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity, and we positively assure the profession that our Extract of Malt is not only

## PERFECTLY PURE AND RELIABLE,

but that it will keep for years in any climate without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal in every respect the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process* which prevents injury to its properties or flavor by excess of heat.

## IT REPRESENTS THE SOLUBLE CONSTITUENTS OF MALT AND HOPS,

viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract as given by S. H. DOUGLAS, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,

SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canada, at the following prices:

EXTRACT OF MALT, with Hops (Plain),	-	-	-	-	-	-	\$1 00
" " " Pyrophosphate of Iron (Ferrated),	-	-	-	-	-	-	1 00
" " " Cod Liver Oil,	-	-	-	-	-	-	1 00
" " " Cod Liver Oil and Iodide of Iron,	-	-	-	-	-	-	1 00
" " " Cod Liver Oil and Phosphorus,	-	-	-	-	-	-	1 00
" " " Hypophosphites,	-	-	-	-	-	-	1 50
" " " Iodides,	-	-	-	-	-	-	1 50
" " " Alteratives,	-	-	-	-	-	-	1 50
" " " Citrate of Iron and Quinia,	-	-	-	-	-	-	1 50
" " " Pepsin,	-	-	-	-	-	-	1 50

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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one-ounce bottles.

### **COCA EXTRACT, ..... 1 gr.**

McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxyton is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

### **JABORANDI EXTRACT, ..... 3 grs.**

Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

### **PHOSPHIDE ZINC, ..... 1-6, 1-4 and 1-2 gr.**

The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

### **SANDAL WOOD EXTRACT, ..... 1 and 2 grs.**

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

### **SOLIDIFIED COPAIBA, WITH OLEO-RESIN CUBEBA PILLS, ..... 3 and 5 grs.**

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeba often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeba Berries.

### **QUININE, SULPHO-CARBOLATE, ..... 1, 2 and 3 grs.**

This salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of Fever and Ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

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 ----- Professor of Medical Juris-  
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The Thirty-third Session will begin on the first Monday in October, 1878, and continue five months.

The fees of the Professors for the Session are sixty dollars; Matriculation Fee five dollars, and Graduation Fee ten dollars.

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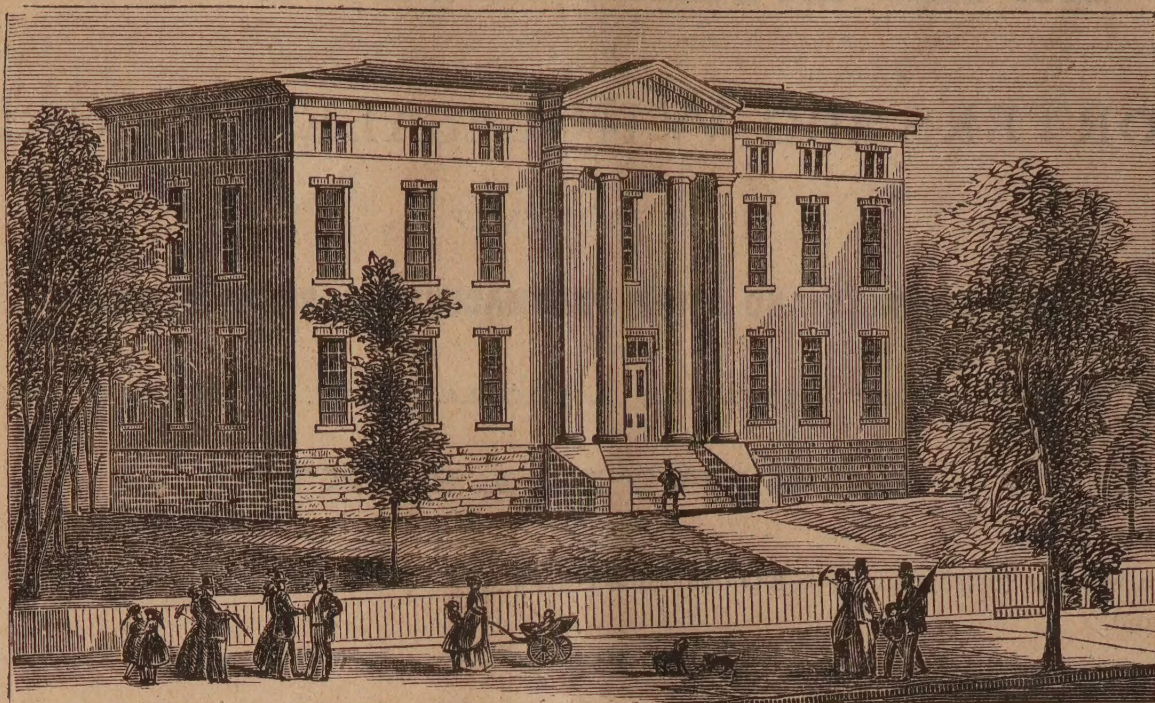
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**FEES.**—Professors' Tickets, in full, \$50.00; Matriculation Fee, \$5.00; Demonstrator's Ticket, \$10.00; Graduation, \$30.00; Hospital Ticket (required by City), \$5.00.

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,  
Corner Fifth and Walnut Streets.

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The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 6th and continue till June 1st. The following Courses will be given by the *RÉGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, WM. C. CHEATHAM, W. B. DOHERTY, W. H. LONG, and R. B. GILBERT.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is \$25.00, For further information address

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